## **Application Data Sheet**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: 3673

CD-ROM or CD-R?:: None

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Title:: METHODS FOR MANUFACTURING COIL

**SPRINGS** 

Attorney Docket Number:: SMCY-P01-101

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 7

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: S.

Family Name:: DeFranks

City of Residence:: Atlanta

State or Province of Residence:: GA

Country of Residence:: US

Street of mailing address::

City of mailing address:: Atlanta

State or Province of mailing address:: GA

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: S.

Family Name:: DeFranks

City of Residence:: Atlanta

State or Province of Residence:: GA

Country of Residence:: US

Street of mailing address::

City of mailing address:: Atlanta

State or Province of mailing address:: GA

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Larry

Middle Name:: R.

Family Name:: Banks

City of Residence:: Atlanta

State or Province of Residence:: GA

Country of Residence:: US

Street of mailing address::

City of mailing address:: Atlanta

State or Province of mailing address:: GA

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Page # 2 Initial 09/12/03

Given Name:: Michael

Middle Name:: A.

Family Name:: DiMarco

City of Residence:: Atlanta

State or Province of Residence:: GA

Country of Residence:: US

Street of mailing address::

City of mailing address:: Atlanta

State or Province of mailing address:: GA

Postal or Zip Code of mailing address::

**Correspondence Information** 

Correspondence Customer Number:: 28120

**Representative Information** 

Representative Customer Number:: 28120